. No. 2
—1-4-41
5-17-39
I X28390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1122

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 271

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.General Hospital No.1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 547½ Main St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME W.F.Campbell

3. (b) If veteran, name war No record

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced No record

6. (b) Name of husband or wife No record

6. (c) Age of husband or wife if alive years

7. Birth date of deceased No record (Month) (Day) (Year)

8. AGE: Years approximate | Months age 57 | Days years | If less than one day hr. min.

9. Birthplace No record (City, town, or county) (State or foreign country) 9

10. Usual occupation No record

11. Industry or business

MOTHER FATHER

12. Name No record

13. Birthplace No record (City, town, or county) (State or foreign country) 9

14. Maiden name No record

15. Birthplace No record (City, town, or county) (State or foreign country) 9

16. (a) Informant Record Clerk
(b) Address K.C.General Hospital, K.C.Mo.

17. (a) State Undertaking (Burial, cremation, or removal) (b) Date thereof 1-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calley Osteopathy

18. (a) Signature of funeral director Harry E. Jolley
(b) Address 1 E. Kansas

19. (a) 1/21/42 (Date received local registrar) (b) M. M. Groome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
year 1942 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-17-42, 19__, to 1-18-42, 19__;
that I last saw h im alive on 1-18-42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumococcic meningitis	
Due to 8	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Drury R. Horn M.D. (M. D. or other)
Address Med.Dir K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC Gen Hospt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.